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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875					Application of pocket Humber 21		
CLAIMS AS FILED - PART I					1/00	4,725	
(Column 1) (Column 2)			SMALL ENTITY	/ OR	OTHER THAN SMALL ENTITY		
FOR BASIC FEE	NUMBER FILED	NUMBER EXTRA	RATE " FE	E	PATE		
(37 CFR 1.16(a)) TOTAL CLAIMS			s		RATE	FEE	
(37 CFR 1.16(c))	minus 20 =			OR		<u>s</u>	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =		- X 3 =	OR	X \$=	· · · · · · · · · · · · · · · · · · ·	
MULTIPLE DEPENDENT CL		l	X \$=	OR	× \$=		
		+ \$=	OR	+ \$ =	•		
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL	OR OR	TOTAL	·	
CLAIM	S AS AMENDED - PA	ARTII		•	Ľ		
HMDT 100	lumn 1) ((Column 2) (Column 3)		20	OTHER	THAN	
4 / / C	LAIMS HI	GHEST	SMALL ENTITY	OR	SMALLE	NTITY	
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Total Total Jr Cfr 1.16(c)) Independent Jr Cfr 1.16(b); Jr Cfr 1.16(b); Jr Cfr 1.16(b);	Minus	0 -	X \$	7	1		
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•			TOTAL	7	S=		
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Z	Minus ···	=	X \$ =	OR X	<u>-</u>		
10. c. v. i idali			X. \$ = `	OR X S	=		
FIRST PRESENTATION OF I	+ \$ =	OR +					
•			TOTAL ADD'L FEE	TO			
(Column	1) (Colum	nn 2) (Column 3)		OR ADI	P'L FEE		
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. Total (37 CFR 1.16(c))	Minus **	OR =	FEE			ONAL" -	
Independent (37 CFR 1.16(b))	Minus ···		X \$	OR X \$			
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FIRST PRESENTATION OF MU	LTIPLE DEPENDENT CLAIM	(37 CFR 1.16(d))	+ \$=	OR + s			
If the entry in a	-		TOTAL ADO'L FEE	TOTA			
If the entry in column 1 is les If the "Highest Number Previ If the "Highest Number Previo	s than the entry in column 2 ously Paid For" IN THIS SP	write "0" in column 3.		OR ADD'I	FEE		
The "Highest Number Previou	ISIV Paid For (Total	ICE is less than 3, enter	3'				
lection of information is requ	ired by 37 CFR 1.16. The	information is required to	3' Imber found in the appropriate t	oox in column 1.			

USPTO to process) an application. Confidentiality is governed by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS